

## 497 Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

CITY CLERK

2013 JAN 17 PM 5:04

497 CONTRIBUTION REPORT

NAME OF FILER ZAREH SINANYAN FOR CITY COUNCIL 2013		Date of This Filing 01/17/2013	Date Stamp	497 For Official Use Only
AREA CODE/PHONE NUMBER 213-489-4792	I.D. NUMBER (if applicable)	Report No. 1		
STREET ADDRESS 3700 WILSHIRE BLVD., SUITE 1050B		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY LOS ANGELES, CA	STATE 90010	ZIP CODE 90010	No. of Pages 1	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/17/2013	Sarkis Kotanjian 411 Palm Drive, #101 Glendale, CA 91202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director  Armenia Fund, Inc.	1,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		  <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

## \*Contributor Codes

IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

## 497 Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

CITY CLERK

2013 JAN 28 AM 7:33 497 CONTRIBUTION REPORT

NAME OF FILER ZARSH SINANYAN FOR CITY COUNCIL 2013		Date of This Filing 01/25/2013	Date Stamp	497 For Official Use Only
AREA CODE/PHONE NUMBER 213-489-4792	I.D. NUMBER (if applicable)	Report No. 1		
STREET ADDRESS 3700 WILSHIRE BLVD., SUITE 1050B		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY LOS ANGELES, CA	STATE 90010	ZIP CODE 90010	No. of Pages 1	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/24/2013	Hagop N. Chopurian 225 S. Glendale Avenue 2nd Floor Glendale, CA 91205	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Law Offices of Hagop N Chopurian	1,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
01/24/2013	Harout Hovasapio 331 W. Wilson Avenue #202 Glendale, CA 91203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Heating & Air Conditioning  Harout Hovasapio	1,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
01/24/2013	Krikor G. Topalian 19069 Ginger Place Tarzana, CA 91356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investor  Krikor G. Topalian	1,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

## \*Contributor Codes

IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

## 497 Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

CITY CLERK

2013 JAN 30 AM 8:28

497 CONTRIBUTION REPORT

NAME OF FILER ZAREH SINANYAN FOR CITY COUNCIL 2013		Date of This Filing 01/29/2013	Date Stamp	497 For Official Use Only
AREA CODE/PHONE NUMBER 213-489-4792	I.D. NUMBER (if applicable)	Report No. 1	<input type="checkbox"/> Amendment to Report No. (explain below)	
STREET ADDRESS 3700 WILSHIRE BLVD., SUITE 1050B		No. of Pages 1		
CITY LOS ANGELES, CA	STATE 90010	ZIP CODE		

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/28/2013	Sunshine Truck Stop 1800 E. Pacific Coast Hwy. Wilmington, CA 90744	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		  <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

## \*Contributor Codes

IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

## 497 Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

CITY CLERK

2013 JAN 31 PM 4:57

497 CONTRIBUTION REPORT

NAME OF FILER ZAREH SINANYAN FOR CITY COUNCIL 2013		Date of This Filing 01/31/2013	Date Stamp	497 For Official Use Only
AREA CODE/PHONE NUMBER 213-489-4792	I.D. NUMBER (if applicable)	Report No. 1		
STREET ADDRESS 3700 WILSHIRE BLVD., SUITE 1050B		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY LOS ANGELES, CA	STATE CA	ZIP CODE 90010	No. of Pages 1	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/30/2013	Hayk Martirosyan 17821 Margate Street Encino, CA 91316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Martirosyan Law Firm	1,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		  <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

## \*Contributor Codes

IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 497 (March/2011)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)



## CITY CLERK

## 497 Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

2013 FEB 12 AM 7:14

497 CONTRIBUTION REPORT

NAME OF FILER ZAREH SINANYAN FOR CITY COUNCIL 2013		Date of This Filing 02/11/2013	Date Stamp	497 For Official Use Only
AREA CODE/PHONE NUMBER 213-489-4792	I.D. NUMBER (if applicable)	Report No. 1		
STREET ADDRESS 3700 WILSHIRE BLVD., SUITE 1050B		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY LOS ANGELES, CA	STATE CA	ZIP CODE 90010	No. of Pages 1	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
02/11/2013	Edward Mouradian 1125 E, Maple Street, Unit 21 Glendale, CA 91205	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant  Edward Mouradian	1,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		  <input type="checkbox"/> Check if Loan _____% Provide interest rate

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_

FPPC Form 497 (March/2011)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)